

Schedule H

ACH Authorization Agreements – ACH Debits

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBIT)

Company Name: **Village of Brandon**

I (we) hereby authorize Village of Brandon, hereinafter called COMPANY, to initiate debit entries to my (our) Checking/Savings Account indicated at the financial institution named below, and any credit entries necessary to correct errors. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Address of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Type:  Checking Account

Savings Account

Amount  Amount Billed

Frequency: Monthly (15<sup>th</sup> of the month)

(If the 15<sup>th</sup> of the month is a non-processing day, I agree the transfer will then be made on the first processing day after the scheduled payment date.)

Beginning Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and Bristol Morgan Bank a reasonable opportunity to act on it.

**Revocation of Authorized Agreement for Direct Debit (ACH Debit)**

I hereby revoke the above authorization as of \_\_\_\_\_.

Signature: \_\_\_\_\_